

Camper Information Sheet  
Parents- Please help your child fill this out.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

We encourage campers of all ages to lead classes and activities during AnyThing Goes (our afternoon "choice classes") is there something you would like to teach?

---

---

---

any materials or equipment you need to teach this?

---

---

We love camper input in our camp planning! Are there any activities you would especially like to see happen at camp this summer? If so what?

---

---

More information about YOU!

School and location of school: \_\_\_\_\_

Have you ever been to camp? (explain type of camp)

---

---

What are you looking forward to most about camp?

---

---

---

What do you think will be the most difficult part of camp?

---

---

What are your favorite things to do?

---

---

What are some of your skills, talents, and things you like best about yourself?

---

---

---

---

Vegetarian \_\_\_\_\_ Non vegetarian \_\_\_\_\_

What are your favorite things to eat?

---

---

Is there anything you wont eat or are allergic to?

---

---

Are there any other things we should know about you so we can support you in having a great time at camp?

---

---

---

---

---